Under the Paperwork Reduction Act of 1995, no person	ons are required to res	U.S. spond to a α	Patent and Trade	mark Office.	U.S. DEPARTM it displays a valid	ENT OF COMME OMB control nur	RCE mber.	
UTILITY	<u>-</u>		Docket No.		V2CN2DV3			
PATENT APPLICATION		First Inventor		Peter M. Bonutti				
TRANSMITTAL		Title		Fluid C	Operated F	Retractors	PTC	
(Only for new nonprovisional applications under 37 (CFR 1.53(b))	Express	Mail Label No.	ET 710	030085 US		Sign	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent applic		ADDRE	ESS TO:	Mail Stop P.O. Box 1		n	03917	
2. Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s) (35 U.S.C. 113) [Total Sheets 5. Oath or Declaration [Total Sheets a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1. (for continuation/divisional with Box 18 c	Fee Transmittal Form (e.g., PTO/SB/17) Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification Total Pages 42 1							
18. If a CONTINUING APPLICATION, check appropriate specification following the title, or in an Application D				n below an	d in the first sei	ntence of the	-	
Continuation Divisional Continuation-in-part (CIP) of prior application No.: 10/662,923								
Prior application information: Examiner Unknown Art Unit: Unknown For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
19	. CORRESPONI	DENCE A	DDRESS	•				
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) OR Correspondence address below								
Name Kimberly V. Perry, Esq.								
U.S. Surgical, A Division of Tyco Healthcare Group, LP								
City Norwalk State Connecticut Zip Code 06856								
Country US	Te	elephone	203-845-45	62	Fax	203-845-42	266	
Name (Print/Type) Kimberly VPerry	0 11	Registrati	ion No. (Attorne)	y/Agent)	43,612			
Signature Kully Well (1)					Date	12/4/0	3	

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number ET 71030085 US

addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box (450, Alexandria, VA

Dated:

12/5/03

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.											
FEE TRANSMITTAL					Complete if Known						
					Application Number				To Be Assigned		
for FY 2003			L	Filing Date				Concurrently Herewith			
Patent fees are subject to annual revision.				First Named Inventor			ntor	Peter M. Bonutti			
				Examiner Name				Unassigned			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit				Unassigned			
TOTAL AMOUNT OF PAYMENT (\$) 2,460.00				Attorney Docket No. 2500 DIV II CON II DIV III CON I							
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)						
Check Credit card Money Other None			3. ADDITIONAL FEES								
Deposit Account:					Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Pescription						
Deposit 04.0550			Fee Code			(\$)		Fee Description	Fee Paid		
Number			1051	130	2051	65		arge - late filing fee or oath			
Deposit Account United States Surgical			1052	50	2052	25		arge - late provisional filing fee or sheet			
Name The Commissioner is authorized to: (check all that apply)			1053		1053			English specification			
Charge fee	e(s) indicated below	Credit any	overpayments		2,520	1812 1804			ing a request for ex parte reexamination		
Charge any additional fee(s) during the pendency of this application			1804	920*	1804	920"		esting publication of SIR prior to iner action			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			1805	1,840*	1805	1,840*		esting publication of SIR after inner action			
FEE CALCULATION			1251	110	2251	55		sion for reply within first month	•		
1. BASIC FILING FEE			1252	400	2252			nsion for reply within second month			
Large Entity : Fee Fee	Small Entity FeeFee Fee Descri	ntion	Fee Paid	1253	920	2253			nsion for reply within third month		
Code (\$)	Code (\$)	<u>puon</u>	ree raid		1,440	2254			nsion for reply within fourth month		
1001 740	2001 370 Utility filin	•	750.00		1,960	2255			nsion for reply within fifth month		
1002 330	2002 165 Design fili	_		1401 1402	320 320	2401 2402			otice of Appeal ling a brief in support of an appeal		
1003 510 1004 740	2003 255 Plant filing 2004 370 Reissue f			1403	280	2403		_	equest for oral hearing		
1004 740		al filing fee			1,510		1,510	•	etition to institute a public use proceeding		
1000 100	SUBTOTAL		50.00		110	2452	55		on to revive - unavoidable		
				1453	1,280	2453	640	Petiti	on to revive - unintentional		
2. EXTRA	CLAIM FEES FOR U	Fee fr	om	1501	1,280	2501	640	Utility	issue fee (or reissue)		
Total Claims	Extra Clair	ms <u>belo</u> X 18.00		1502	460	2502	230	Desig	n issue fee		
Independent	6 -3** = 3	x 84.00	252	1503	620	2503	310		issue fee		
Claims Multiple Depe	· -) ^ [1460	130	1460	130		ons to the Commissioner		
Large Entity	I Small Entity	·L		1807	50	1807	50		essing fee under 37 CFR 1.17(q)		
Fee Fee	Fee Fee Fee D	escription			180	1806	180		ission of Information Disclosure Stmt rding each patent assignment per		
Code (\$) 1202 18	Code (\$) 2202 9 Claims ir	excess of 2	0	8021	40	8021	40	prope	rty (times number of properties)		
1201 84			1809	740	2809	370		a submission after final rejection . FR 1.129(a))			
1203 280			1810	740	2810	370		ach additional invention to be ined (37 CFR 1.129(b))			
1204 84		ie independe riginal patent		1801	740	2801	370		est for Continued Examination (RCE)		
1205 18		ie claims in e er original pa		1802	900	1802	900		est for expedited examination design application		
			1,710.00	Other	fee (sp	ecify) _			• -FF		
	SUBTOTAL (2	·/ 1(4)	, .,	*Dod:	read by	Donie I	Tiliaa E	on Dai	d		

						(Complete (if applicable)			
Name (Print/Type)	Kimberly V. Perry	10	Registration No. (Attorney/Agent)	43,612	Telephone	203-845-4562			
Signature	and I	Hur			Date	12/5/03			

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)0.00

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Docket: 2500 DIV 2 CON 2 DIV 3 CON 3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Peter M. Bonutti

Examiner:

To Be Assigned

Group Art Unit: To Be Assigned

Serial No:

To Be Assigned

Filed: Concurrently Herewith

For:

FLUID OPERATED RETRACTORS

CERTIFICATE OF EXPRESS MAILING

"Express Mail" Mailing Label No.: ET 710030085 US , 2003

Date of Deposit: Dec. 5

I hereby certify that the following:

- This Certificate of Express Mailing
- **Utility Patent Application Transmittal**
- Fee Transmittal [x]
- [x] A patent application consisting of 42 pages of abstract, specification and claims
- 11 sheets of [x] formal [] informal drawings
- Copy of executed Declaration from parent application [x]
- ĺχÌ Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the Date of Deposit indicated above in an envelope addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. box 1450, Alexandria, VA 22313-1450.

United States Surgical, a division of TYCO HEALTHCARE GROUP LP 150 Glover Avenue Norwalk, CT 06856 (203) 845-1172